

Telephone: 805-934-8200

August 22, 2014

Mr. Jared Blumenfeld Regional Administrator EPA, Region 9 NPDES/DMR, WTR-7 75 Hawthorne Street San Francisco, CA 94105-3901

Re: Discharge Monitoring Report - Platform Irene NPDES Permit CAG280000

Dear Mr. Blumenfeld:

This letter and its attachments represent the quarterly Discharge Monitoring Report (DMR) for the months of May, June, and July 2014 for Platform Irene.

Included are the following attachments:

Attachment 1 is comprised of the EPA DMR forms 3320-1 for the normal quarterly monitoring activities including the drilling DMR.

Attachment 2 is a listing of the chemical inventory for miscellaneous discharges (specifically, fire water) as required by II.F. of the subject permit.

Attachment 3 provides required pre-dilution and the post-dilution chlorine results for combined non-contact cooling water and fire water discharges in accordance with Appendix C of the permit.

Attachment 4 includes copies of the official state certified lab reports, including laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.).

The following is a brief summary of some of the monitoring and reporting parameters affecting the various discharges:

Dear Mr. Blumenfeld August 22, 2014 Page 2 of 3

Drilling Fluids and Drill Cuttings (Discharge 001):

There were no drilling activities during this quarter.

Produced Water (Discharge 002):

Platform Irene had no produced water discharges for this period. Produced water is currently injected.

Well Treatment, Completion and Workover Fluids (Discharge 003):

There were no well treatment, completion and workover fluid jobs performed during this quarter.

Non-Contact Cooling Water and Fire Water (Discharge 008 & 009):

Platform Irene periodically adds small amounts of chlorine to the fire water which is combined with non-contact cooling water, and the quarterly monitoring results for the combined discharge are listed in the DMR. Attachment 3 summarizes the official quarterly chlorine results, including post-dilution and end of pipe results.

The numeric values for chlorine reported in the DMR are post dilution values (using the lab results and the EPA Plumes UM model) for comparison to the limits listed in Appendix C of the permit.

FM O&G uses an independent contractor to collect NPDES compliance monitoring samples at our offshore platforms. EPA sampling, preservation and documentation protocol is a strict requirement of our monitoring program.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Dear Mr. Blumenfeld August 22, 2014 Page 3 of 3

If you should have any questions or require additional information, please contact me at (805) 934-8220.

Sincerely,

David Rose

Manager, Environmental, Health & Safety

Attachment(s)

cc: Ms. Susan Zaleski, Bureau of Ocean Energy Management

Ms. Alison Dettmer, California Coastal Commission

Mr. James Salmons, Bureau of Safety Environmental Enforcement

Platform Irene Foremen

Platform Irene

Attachment 1

EPA DMR PERMIT NO. CAG280000

Orcutt, Ca 93455 201 S. Broadway Freeport-McMoRan Oil & Gas

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 PERMIT NO. DISCHARGE NO. 001

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

From: ¥ MO MONITORING PERIOD 14 05 01 To: MO DAY 14 07 31 DRILLING FLUIDS AND DRILL CUTTINGS (001)

Manager, Environmental, Health and Safety Well # N / A COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.) Volume Limit_i May - July
DRILLING FLUIDS VOLUME DRILLING FLUIDS VOLUME David Rose NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 03/01/2014 - 02/28/2015 Annual Cumulative Quarterly Total Well#N/A Well#N/A Well#N/A DRILLING FLUIDS VOLUME PARAMETER TYPED OR PRINTED June May July Measurement Permit Measurement Permit Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Requirement Requirement Sample Sample VIOLATIONS SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, [PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES ERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE SERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY IEF TRUE, ACCURATE, AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR MITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING 30N OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR Average ERING THE INFORMATION THE INFORMATION S TON OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED No Discharge No Discharge No Discharge Quantity or Loading No Discharge Maximum Report Report 105,000 Report Report 0 UBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND Barrels/ Year Barrels/ Well/ Barrels/ Well/ Month Barrels/ Well/ Quarter Barrels/ Well/ Quarter Month Units Minimum OFFICER or AUTHORIZED AGENT Signature of PRINCIPAL EXECUTIVE Average Quality or Concentration Maximum Area NOTE: Read instructions before completing this form (805) 934-8220 Units TELEPHONE Number Ξŏ. 0 0 MONTH/DAY/YEAR Frequency Analysis 80 1/day 1/well 1/day 1/well 1/well 22 DATE Estimate Sample Type Estimate Estimate 2014

Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

WELL DISCHARGE MONITORING REPORT (Well DMR)

001 DISCHARGE NO.

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34" 36' 26'N, 120" 43' 40" W

CAG280000 PERMIT NO. ¥ MONITORING PERIOD

DAY YR MO 14 05 01 To: 14 07 31 DAY DRILLING FLUIDS AND DRILL CUTTINGS (001)

MONTH/DAY/YEAR	Number	Area Code Nun	Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	APRISONMENT FOR KNOWING HESE STATUTES MAY INCLUDE F D SYEARS]	LITY OF FINE AND IN	SOMITHING PLUE RECHNATION NOLUGING THE POSSIBLITY OF FINE AND MPRECIMENT FOR NOWING VOLNTONS SEE IN U.S.C. & 101 AND SI V.S.C. & 1318, PERMICTES UNDER THESE STATUTES MAY REQUISE FINES FOR SISSON AND OR MANAHUM MERICAGNEST OF RETWEERS MONTHS AND SYEARS]	SUBMITTING FALSE INFO VIDIATIONS: SEE 18 U.S JP TO \$19,000 AND OR M	4100	SUBMITTED SEGMANTON MICLIONION THE POSSIBILITY OF FREA. IN CALL OF A THIRD ALL OF
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1/day		Observed	Negative Static Sheen Test/Free Oil	Negative S				Requirement	July
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1/day		Chaciaca	Negative Static Sheen Test/Free Oil	Negative s				Requirement	June
1		Sheen Cheen	No Discharge					Sample Measurement	
1/day		Observed	Negative Static Sheen Test/Free Oil	Negative :				Requirement	May
		# Days Sheen	No Discharge					Sample Measurement	FREE OIL
					-				
				-	Year	30,000		Requirement	03/01/2014 - 02/28/2015
	0	1		lls/	Barrels/	0		Measurement	Annual Cumulative
								Opposit	
1/well 1/day				# F	Month	Report		Requirement	May - July
				sis/	P77	No Discharge		Sample Measurement	Well # N / A
		Units	im Average Maximum	S Minimum	Units	Maximum	Average		
Frequency Analysis	Ψ. δ		Quality or Concentration		oading	Quantity of Loading			PARAMETER

Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 PERMIT NO. DISCHARGE NO.

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36′ 26″N, 120° 43′ 40″ W

¥ MO O DAY YR 14 05 01 To: MONITORING PERIOD

DAY | YR MO DAY 14 07 31 DRILLING FLUIDS AND DRILL CUTTINGS (001)

	MONTH/DAY/YEAR		Area Number	Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	FINES	VALTIES UNDER THESE ST	VOLATIONS, SEE 18 U S O & 1001 AND 33 U 3 C. & 1111, IPENATTES UNDER THESE STATUTES MAY INCLUDE FINES IP TO \$10.000 AND OR MANAMAM IMPRISONAENT OF BETWEEN 8 MONTHS AND \$ YEARS)	VIOLATIONS, SEE 18 U.S.C. &		TYPED OR PRINTED
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	N/A			No Discharge					ıttings	3. Non-aqueous based drilling fluids or cuttings
1	N/A	0		N/A						PROHIBITED DISCHARGES 1. Oil-based Fluids 2. Diesel Oil
	Each			Report					Requirement	
	# Days	ď	Т						Permit	Mud Type: N / A
	# Days	o —		NA					Sample Measurement	No. DAYS DISCHARGE FOR
	Each Mud System			Report					Permit Requirement	Well #N / A
	Each Mud System	0	ı	N/A					Sample Measurement	DRILL FLUIDS CHEMICAL INVENTORY
	Stock Barite			3.0					Requirement	
	Stock Barite	0	mg / kg	N/A					Measurement	BARTE CADMIUM
	Stock Barite			1.0					Requirement	
	Stock Barite	0	mg / kg	N/A					Sample Measurement	BARITE MERCURY
	(80 - 100%) Well Footage		Volume	LC50 > 3% SPP					Permit Requirement	
			% by	N/A					Sample Measurement	Well # N / A
	(0 - 80%) Well Footage		Volume	LC50 > 3% SPP					Permit Requirement	
		0	% by	N/A					Sample Measurement	DRILLING FLUIDS TOXICITY Well # N / A
			Units	Average Maximum	Minimum	Units	Maximum	Average		
Sample Type	NO. Frequency Samp	Д <u>8</u>		Quality or Concentration		ading	Quantity or Loading			PARAMETER

N / A: No discharge of drilling fluids.

File: DMR001.XLS

NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

002 DISCHARGE NO.

CAG280000 PERMIT NO.

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

YR MO DAY From: 14 05 01 MONITORING PERIOD Ϋ́R To: 14 07 31 Mo DAY

PRODUCED WATER (002)

PRODUCED WATER Sample Measurement Permit May - July Requirement Permit Requirement Requirement Permit Requirement Permit Requirement Permit Requirement Permit Requirement Requirement Permit Requirement Permit Requirement Requirement Permit Requirement Permit Requirement Requirement Requirement Requirement Requirement Requirement Requirement Permit Requirement R
leasurement Permit Requirement
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No discharge of produced water.

Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

File: DMR002.xls

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 PERMIT NO.

003 DISCHARGE NO.

Approved Form OMB No. 2000-0015

MONITORING PERIOD
YR MO DAY YR MO DAY
To: 14 07 31

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

								NOTE: Bead instru	rdinns hef	NOTE: Read instructions before completing this form.	(orm
PARAMETER			Quantity or Loading	ading		Quality or Concentration	ncentration		Z 8	Frequency Analysis	Sample
		Average	Maximum	Units	Minimum	Average	Maximum	Units		,	1
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement		No Discharge	Barrels /							
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	Sample Measurement		No Discharge	Barrels /							
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WELL TREATMENT, COMPLETION											
AND WORKOVER FLUIDS											
OIL AND GREASE;						AVERAGE	MAXIMUM				
	Sample Measurement					No Discharge	No Discharge				
May	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement			į.		No Discharge	No Discharge				
June	Permit Requirement					29.0	42.0	mg/L		1/job	Grab
	Sample Measurement					No Discharge	No Discharge				
liik	Permit					20.0	450	mg/L	\downarrow	4 ligh	3
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		CERTIFY UNDER PENALTY OF	CERTIFY UNDER PEIVALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	ALL ATTACHMENTS WERE	PREPARED UNDER MY			TELEPHONE	-	DATE	
David Rose		DIRECTION OR SUPERVISION I	reesonkel property anther and evaluate the ryginal ton submitted based on ay inquiped	DESIGNED TO ASSURE TH	AT QUALIPIED ON MY INQUIRY OF THE)	0				
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COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)	NY VIOLATION	(Reference a	Il attachments	here.)							

¹ Well Treatment and Completion & Workover Fluids are combined with production and not discharged.

WELL DISCHARGE MONITORING REPORT (Well DMR)

PERMIT NO.

MONITORING PERIOD

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD
YR MO DAY YR MO DAY
From: 14 05 01 To: 14 07 31

WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS (003)

LOCATION, 37 30 20 N, 120 73 70 V		_		00 0.		9.		1			722200
			Quantity or Loading	ng		Quality or Concentration	centration	NO IC. Deddillisto	NO.	NO. Frequency Sa	Sample
PARAMETER		Average	Maximum	Units	Minimum	Average	Maximum	Units	只	Analysis	Туре
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS;	Sample Measurement		0	Barrels /							
TYPE AND TOTAL NUMBER OF JOBS	Permit			Job							
	Requirement		Report								N.S.
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS STATIC	Sample Measurement				~	No Discharge		# Times			
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	Sample										
	Measurement										
	Permit										
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AND WORKOVER FLUIDS	Measurement					N/A		20.50			
Chemical Inventory	Permit					The second secon					
May - July	Requirement					Report				1/job	Report
	Sample										
	Measurement										
	Permit										
	Requirement										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		CERTIFY UNDER PENALTY OF	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	ATTACHMENTS WERE PREPAR	RED UNDER MY			TELEPHONE		DATE	
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COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)	NY VIOLATION (Reference all	attachments her	e.)							
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¹ Well Treatment and Completion & Workover Fluids are combined with production and not discharged. N / A: No WTCF this quarter.

File:DMR003.xls

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (PPDES) DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

004 DISCHARGE NO.

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD
YR MO DAY | YR I From: 14 05 01 YR MO DAY To: 14 07 31

DECK DRAINAGE (004)
[commingled with produced water]

					ce all attachments here.]	ANY VIOLATION (Referen	COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
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				ARE SIGNIFICANT PENALTIES FOR	SELEF. TRUE, ACCUPATE, AND COMPLETE I AM AWARE THAT THERE ARE SICHIFICANT PENALTIES FOR	BELE	
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				SUBMITTED, BASED ON MY INQUIRY OF THE	PERSONNEL PROPERLY GATHER AND EVALUATE THE NEGRANATION SUBMITTED. BASED ON MY MOUSY OF THE		David Rose
DATE	D,	TELEPHONE)	TTACHMENTS WERE PREPARED UNDER MY	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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_			No Discharge	# Days	No Discharge	Measurement	FREE OIL
						Sample	DECK DRAINAGE
			-				
nın Estimate	momu				Report	Permit Requirement	July
╀				bbl/day	No Discharge	Measurement	
				Mo. Avg.		Sample	
nth Estimate	1/month				Report	Permit Requirement	June
├				Mo. Avg. bbl/day	No Discharge	Sample Measurement	
nth Estimate	1/month				Report	Permit Requirement	May
-				Mo. Avg. bbl/day	No Discharge	Sample Measurement	VOLUME-FLOW RATE
		Units	Minimum Average Maximum	Н	Average		
sis Type	Analysis	Д. 2.	Quality or Concentration	19	Quantity or Loading		PARAMETER
npleting this form.	s before con	NOTE: Read instructions before completing this form.					

Deck drains are commingled with produced water and are not discharged at this time.

NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 005 DISCHARGE NO.

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD
YR MO DAY YR MO DAY
From: 14 05 01 To: 14 07 31

SANITARY & DOMESTIC WASTES (005)
(Commingled)

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)				David Rose Manager, Environmental, Health and Safety	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		July			June	-		May	SOLIDS (Commingled)	WASTES FOAM & FLOATING	SANITARY & DOMESTIC	July		June		(Commingled) May	WASTES FLOW RATE		PARAMETER	
NY VIOLATION							Requirement	Permit	Sample Measurement	Requirement	Permit	Measurement	Requirement	Permit	Measurement	Sample	Permit Requirement	Sample Measurement	Permit Requirement	Sample Measurement	Requirement	Measurement			
лето s10,000 лио ов мажи (Reference a	VIOLATIONS, SEE 16 U.S.C. &	SUBMITTING FALSE INFORM	GATHERING THE INPORMATIC	DIRECTION OR SUPERVISION PERSONNEL PROPERLY GAT PERSON OR PERSONS WHO	CERTIFY UNDER PENALTY O												Report	53.8	Report	52.0	Report	47.5	Average		
ир то staccos and or малисим шириволимент ог ветители в монтиs ано s years) (Reference all attachments here.)	VIOLATIONS: SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES	SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELFF. TRUE ACCURATE AND COMPLETE LANAMARS TRATTHERE ARE SOMEONAL DESALTES ENG.	PRECION ON SWERWISCH MACCORDANCE WITH A SYSTEM DEBONED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EXALURE THE REPONATION BROWNTED BASED ON MY HOURY OF THE PERSON ON PERSONS WHO MANUSE THE SYSTEM. ON THOSE PERSONS DIRECTLY RESPONSIBLE FOR	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY		0		0	c)	0	0		0								Maximum	Quantity or Loading	
here.)	NALTIES UNDER THESE STAT	TY OF FINE AND IMPRISONME	D IS, TO THE BEST OF MY KI	M DESIGNED TO ASSURE TH MATION SUBMITTED. BASED SE PERSONS DIRECTLY RES	40 ALL ATTACHMENTS WERE		_	_	# days			# days		observed	# days		Average bbl/day	Monthly	Average bbl/day	Monthly	Average bbl/day	Monthly	Units	ading	
		MT FOR KNOWING	NOWLEDGE AND	AT QUALIFIED ON MY INQUIST OF THE PONSIBLE FOR	PREPARED UNDER MY		No foam or floati		No foam or floati	No toam or Hoatu		No foam or floati	No foam or floati		No foam or floati								Minimum	(4 card only)	
OFFICER or AUTHORIZED AGENT	Signature of PRINCIPAL EXECUTIVE		(No foam or floating solids in the receivin		No foam or floating solids in the receivin	No loam or floating solids in the receiving		No foam or floating solids in the receiving waters.	No foam or floating solids in the receiving waters		No foam or floating solids in the receiving								Average	Quality or Conce	
AGENT	KECUTIVE			R			ceiving waters.		ceiving waters.	ceiving waters.		ceiving waters.	ceiving waters.		ceiving waters.								Maximum	oncentration	
	Area			(805) 934-8220	TELEPHONE																		Units		NOTE: Read instr
Number		1		1220					0			0			0			0		0		0		Z S	uctions be
	MONTHIDAY/YEAR			08 22	DATE		,	1/dav	1/day		1/day	1/day		1/day		1/dav	1/month	1/day	1/month	1/day	1/month	1/day		Frequency Analysis	NOTE: Read instructions before completing this form.
	YYYEAR			2014		3.	Daylight	Visual -	Visual - Daylight	Daylight	Visual -	Visual - Daylight	Daylight	Visual -	Daylight	Visual -	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate		Sample Type	form.

Orcutt, Ca 93455 Freeport-McMoRan Oil & Gas 201 S. Broadway

MITOWAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

DISCHARGE NO.

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

From: 14 05 01 MONITORING PERIOD ¥ NO O To: 14 07 31 DAY

SANITARY & DOMESTIC WASTES (005)
(Commingled)

							s here.)	all attachments	(Reference	NY VIOLATION	COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
AYIYEAR	MONTH/DAY/YEAR	Number	Area Code		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	TUTES MAY INCLUDE FINES	EEN 5 MONTHS AND 5 YEARS)	VOLATIONS: SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1318. PENALTIES UNDER THESE STATUTES MAY INCLIDE PRIES UP TO \$10,000 AND OR MACHIUM IMPRISONMENT OF BETWEEN & MONTHS AND 5 YEARS]	UP TO \$10,000 AND OR MA		TYPED OR PRINTED
						INT FOR KNOWING	LITY OF FINE AND IMPRISONME	SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	SUBMITTING FALSE INFOR		
1			(000)	T	i formal	NOWLEDGE AND ENALTIES FOR	TED IS, TO THE BEST OF MY KI TAT THERE ARE SIGNIFICANT P	ERIENT INTERSONIENT PRE MONINKE, THE SEE LEE, ON IN THOSE PRESIDENCE MITTLE LEE POPULES HELL PRESIDENTE PER MONINGER PRE MONINGER AND THE RESIDENT ME MONINGER AND THE RESIDENT MET MONINGER AND THE RESIDENT MET MONINGER AND THE THAT THERE ARE SIGNAPLICATE FEMALTIES FOR	GATHERING THE INFORMA BELIEF, TRUE, ACCURATE.	c,	
2014	08 33	8330 	(805) 034-8220	Ó	1	ATQUALIFIED ON MY INQUIRY OF THE	TEM DESIGNED TO ASSURE THE DRIMATION SUBMITTED. BASED	ARECTION ON SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIDNED TO ASSURE THAT COULERD PERSONSEL PROPERLY ON THER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE RESERVANCE RESERVANCE WITH MALACE THE EXPLICATIONS RESERVANCE RESERVANCE PROFESSION OF THE STATEMENT OF THE	PERSONNEL PROPERLY O	ertv	David Rose Manager Environmental Health and Safety
	DATE		TELEPHONE			PREPARED UNDER MY	AND ALL ATTACHMENTS WERE	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	I CERTIFY UNDER PENALT		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
				2					19		
Grab	Monthly			10 mg/l	N/A	1 mg/l				Requirement	July
Grab	Monthly	0	mg/l	N/A	N/A	N/A				Measurement	
										Sample	
Grab	Monthly			10 mg/l	N/A	1 mg/l				Permit Requirement	June
Grab	Monthly	0	mg/l	N/A	N/A	N/A				Sample Measurement	
Grab	Monthly			10 mg/l	N/A	1 mg/l				Requirement	May
										Permit	CHLORINE ;
Grab	Monthly	0	mg/l	N/A	N/A	N/A				Sample Measurement	WASTE RESIDUAL
Daylight					No foam in the receiving waters.	No foam in the				Requirement	July
Visual -	1/day									Permit	
					N/A					Sample Measurement	
Visual - Daylight	1/day				No foam in the receiving waters.	No foam in th				Permit Requirement	June
					N/A					Sample Measurement	
Daylight					No foam in the receiving waters.	No foam in th				Requirement	May
Visual -	1/dav				N/A					Measurement	N /A (Commingled with Sanitary)
										Sample	DOMESTIC WASTE VOLUME /FOAM
(69-70)	(64-68)	(62-63)	Units	Maximum	Average	Minimum	Units	Maximum	Average		
Sample	Frequency Analysis	Z S		ncentration	Quality or Concent		oading	Quantity or Loading			PARAMETER
eting this form.	NOTE: Read instructions before completing this form.	nstruction	NOTE: Read i								

¹ The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000)

201 S. Broadway Orcutt, Ca 93455 Freeport-McMoRan Oil & Gas

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM (MPDES) DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. DISCHARGE NO. 8

YR

¥

From: 14 05 01 MO

Approved Form OMB No. 2000-0015

FIRE CONTROL WATER (008)

NOTE: Read instructions before completing this form

MONITORING PERIOD MO 0 14 07 31 fcommingled with non-contact cooling water

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.) Manager, Environmental, Health and Safety David Rose Chemical Inventory FIRE CONTROL SYSTEM TEST WATER 1 FLOATING SOLIDS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TEST WATER (008) - FOAM FIRE CONTROL SYSTEM PARAMETER May - July June July Measurement Permit Requirement Sample Measurement Requirement Requirement Measurement Measurement Requirement Permit Sample Permit Sample Sample Permit VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES SERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY LIEF, TRUE, ACCUPATE, AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR THERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND ITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING ON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR NEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED Quantity or Loading Average 0 0 0 0 0 0 Observed Observed 0 bserved #Days Units #Days #Days Minimum Average M
No floating solids in the receiving water.
No foam in the receiving water.
No floating solids in the receiving water. See Attachment #2, Chemical Inventory No floating solids in the receiving water No foam in the receiving water No floating solids in the receiving water No foam in the receiving water.

No floating solids in the receiving water. No floating solids in the receiving water No foam in the receiving water No foam in the receiving water No foam in the receiving water. Signeture of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT Report Quality or Concentration Maximum Area (805) 934-8220 TELEPHONE Units Number Z S 0 0 0 0 MONTH/DAY/YEAR Frequency 80 Analysis 1/month 1/month 1/day 1/day 1/day 1/day 1/day 1/day DATE 22 Daylight Visual -Daylight Daylight Daylight Visual -Visual -Daylight Sample Type Daylight Visual -Visual -Visual -2014 List List

There is no permit requirement for chlorine monitoring of the Fire control system test water

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO. 009 DISCHARGE NO.

MONITORING PERIOD

¥

Approved Form OMB No. 2000-0015

NON-CONTACT COOLING WATER (009) [Commingled with Fire Water]

YR MO To: 14 07 31 DAY

From: 14 05 01 MO DAY

File:DMR008.XLS

MITOWAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

009 DISCHARGE NO.

Approved Form OMB No. 2000-0015

CAG280000 PERMIT NO.

NON-CONTACT COOLING WATER (009) [Commingled with Fire Water]

¥ From: 14 05 01 MO MONITORING PERIOD

DAY YR MO ō DAY 14 07 31

DI ATFORM IRENE			YR MO	DAY	YR MO	DAY		(Commingled with Fire Water)	with Fire \	√ater)	
LOCATION: 34° 36' 26"N, 120° 43' 40" W	₹		From:	From: 14 05 01	To:	14 07 31					
								NOTE: Read in	nstructions b	before completing	a this form.
BABAMETEB			Quantity or Loading	ading		Quality or Concentration			Z S	NO. Frequency Sample	Type
- Discharic Lis			Average	Units	Minimum	Monthly Average	Daily Maximum	Units			
NON-CONTACT COOLING WATER (009) - CHLORINE 1,2	Sample Measurement						< 0.0004	mg/L	0	1 /quarter	Grab
May - July	Permit Requirement					0.0053	0.0130			1 Aquarter	Grab
NON-CONTACT COOLING	Sample Measurement				See /	See Attachment #2, Chemical Inventory	/entory		0	1 /m onth	List
CHEMICAL INVENTORY May - July	Permit Requirement					Report				1 /m onth	List
									-		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	10	ERTIFY UNDER PEWALTY O	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER NY	ND ALL ATTACHMENTS WER	E PREPARED UNDER MY			TELEPHONE		DATE	
David Rose Manager, Environmental, Health and Safety		RECHON OR SUPERVISION RESONNEL PROPERLY GA- ERSON OR PERSONS WHO THE RING THE INFORMATIL LIEF, TRUE, ACCUPATE, A	SECTION ON SUPERWINDEN IN ACCORDANCE WITH A SYSTEM DESDINGD TO ASSURE THAT CHAMPED PERSONNEL PROPERLY CATHER AND EYALLIME THE MYCHAUTON SUBJUITED BASED ON MY INCURTY OF THE PERSON ON PERSONS WITH JAMMOE THE SYSTEM. ON THOSE PERSONS DIRECTLY RESPONSALE FOR CATHERNIO THE INCOMATION THE RYCHALTION SIDMITTED IS TO THE BEST OF MY INCOMAZDOE AND GENERATED ACCURATE, AND COMPLETE IAM ANAMES THAT THERE ARE SIGNIFICANT FRANCIES FOR	EM DESIGNED TO ASSURE THAN SUBMITTED BASES SEPERSONS DIRECTLY RE ED IS TO THE BEST OF MY M ATTHERE ARE SIGNIFICANT	AT QUALIFIED ON MY INCURRY OF THE SPONSIBLE FOR NOWLEDGE AND DENALTIES FOR	Dant 1	Re	(805) 934-8220	-8220	08 22	2014
TYPED OR PRINTED	Si Arti	JBMITTING FALSE INFORMATIONS SEE 18 U.S.C. (TO \$10,000 AND OR MAXM.	BIBALTIPHO PALEE RYDINATION ROLLONIO THE POBBILITY OF PHE AND MIPRISONIBIT POR NOOVEMO VOLATIONS SEE 18 U.S.O. & 1011 AND 31 U.S.C. & 1319, IPENALTIES UNDER THESE STRUTTS MAY NOCLODE FINES UP TO \$19,000 AND OR MAXIMUM MEPRISONALIST OF BETWEEN'S MONTHS AND \$176A03]	TTY OF FINE AND IMPRISONM INALTIES UNDER THESE STA EN 6 MONTHS AND 5 YEARS]	ENT FOR KNOWING	Signature of PHINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code	Number	MONTHDAY/YEAR	NYEAR
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)	NY VIOLATION	(Reference	all attachment	ts here.)							

¹ Fire control system test water comes from the same source as non-contact cooling water and is commingled and discharged with non-contact cooling water.

² Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

WELL DISCHARGE MONITORING REPORT (Well DMR)

CAG280000 019
PERMIT NO. DISCHARGE NO.

Approved Form
OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD
YR MO DAY YR MO DAY
From: 14 05 01 To: 14 07 31

EXCESS CEMENT SLURRY (019)

								NOTE: Beadinstr	untions be	of normalating this	is form
		۵	Quantity or Loading	ding		Quality or Concentration	centration	NO IE. Dodonies	NO.	NO. Frequency S	Sample
PARAMETER	_		Average	Inife	Minimum	Average	Maximum	Units	EX.	Analysis	Type
EXCESS CEMENT SLURBY (019)	Sample		c			C					
	Measurement	Z	No Discharge	Monthly							
/av - July	Permit		Report	Average bbl/dav						1/month	Estimate
ı											
ANNUAL CUMULATIVE VOLUME 1 M	Sample Measurement		0	Barrels/					0		
	Permit ₁ Requirement		2,500	Year							
SHEEN TESTÆREE OIL M	Sample Measurement	z	No Discharge	# Days		No Discharge					
IDS	Permit		0	<u>. </u>	No foam or floating solids	ng solids				1/well	Visual Rec Water
	Sample					:					
	Permit		No Discillato	Sheen	No foam or floating solids	na solids		_		1/well	Visual
June R	Requirement		0	0	No Oil					1/day	Rec. Water
M	Sample Measurement	z	No Discharge	# Davs		No Discharge					
	Permit			2	No foam or floating solids	ng solids				1/well	Visual
וודוויב טבנוכנס	o demonstration of the			0000	100			TEI EBLIONE		DATE	1 100.
David Rose	PR DA	ECTION OR SUPERVISION IN AV	PRECION ON BUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PRECIONEL PROPERY CATHER AND EVALUATE THE REGIONATION SUBMITTED BASED ON MY ROUNT OF THE	DESIGNED TO ASSURE THA	T QUALIFIED)	0				
Manager, Environmental, Health and Safety		RSON OR PERSONS WHO MAN	Person on Persons who manage the System, on those persons differty responsite for Oathernathe necrmaton, the nyomaton summitted is, to the Best of My Knowledge and	E PERSONS DIRECTLY RESP IS, TO THE BEST OF MY KIN	ONSIBLE FOR OWLEDGE AND	Car	of the	(805) 934-8220	8220	08 22	2014
	SUI	JEF, TRUE, ACCURATE AND O	BELEF, THUE, ACQURATE AND COMPLETE, I AM AWARE THATTHERE ARE SIGNIFICANT PENALTES FOR SUBMITTING FALSE REPORMATION INCLUDING THE POSSIBLITY OF FINE AND IMPRISONMENT FOR KNOWING	THERE ARE SIGNIFICANT PE OF FINE AND IMPRISONMEN	NALTIES FOR IT FOR KNOWING						
TYPED OR PRINTED	VIQ.	LATIONS SEE 18 U.S.C. & 100	VIOLATIONS. SEE 18 U.S.O., & 1001 AND 33 U.S.O., & 1318 (PÉNALTIES UNDER THÉSE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MANUMUM MAPRICONMENT OF BETWEEN 8 MONTHS AND \$ YEARS)	L'TIES UNDER THESE STATU		Signature of PRINCIPAL EXECUTIVE		Area Code N	Number	MONTH/DAY/YEAR	ËAR
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)	VIOLATION	(Reference al	attachments	here.)							

Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

File:DMR006.XLS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

006,007,010,011,012,013,014 DISCHARGE NO.

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

CAG280000 PERMIT NO. From: 14 05 01 MO DAY MONITORING PERIOD

NAY YR MO DAY

To: 14 07 31

Approved Form OMB No. 2000-0015

Bilge Water Boller Blowdown Test Fluids

Diatomaceous Earth Filter Media

NOTE: Read instructions before completing this form. Blowout Preventer Fluids Desalination Unit Ballast/Storage Displacement

		de Number	Code	OFFICER or AUTHORIZED AGENT	4)	its here.)	и» то sta сос длю он иджини метівомиент от ветмеен в монтів длю s чедніs DN (Reference all attachments here.)	N (Reference	NY VIOLATIO	TYPED OR PRINTED
AVIYEAR	MONTH/DAY/YEAR		Area	-	VITUTES MAY INCLUDE FINES	IALTIES UNDER THESE STA	VOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319, PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES	TOLATIONS, SEE 18 U.S.C. &		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			+		ENT FOR KNOWING	Y OF FINE AND IMPRISONA	SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	UBMITTING FALSE INFORMAT		
					PENALTIES FOR	THERE ARE SIGNIFICANT	BELIEF, TRUE, ACCUPATE, AND COMPLETE: I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	ELIEF, TRUE, ACCURATE, AND	0	
4102	22	(003) 934-0220	6	Jan Jan	ESPONSIBLE FOR	SE PERSONS DIRECTLY RE	PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR AATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KHOWLEDGE AND	PERSON OR PERSONS WHO I		Malagel, Eliviolillella, health and Saley
2		024 0220			HAT QUALIFIED DON MY INQUIRY OF THE	M DESIGNED TO ASSURE T	NECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CUMUNED. PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE	RECTION OR SUPERVISION R		David Rose
	DATE	TELEPHONE	151		TE PREPARED UNDER MY	D ALL ATTACHMENTS WER	CERTISY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	DERTIFY UNDER PENALTY OF	=	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Rec. Water	1 /discharge			No foam, in other than trace amounts, in the receiving water.	No foam, in othe				Requirement	May - July
Visual	1 /m onth			No free oil or floating solids in the receiving water.	No free oil or flo				Permit	SOLIDS
				No Discharge					Measurement	FREE OIL, FOAM, FLOATING
									Sample	(014) Diatomaceous Earth Filter Media
Visual Daylight	1 /discharge			No foam, in other than trace amounts, in the receiving water.	No foam, in othe	bbl/day		Report	Requirement	May - July
Estimate /	1 /m onth			No free oil or floating solids in the receiving water.	No free oil or flo	Average			Permit	FREE OIL, FOAM, FLOATING SOLIDS
				No Discharge		Monthly		Discharge	Measurement	FLOW RATE
								No	Sample	(013) Test Fluids *
Rec. Water	1 /discharge			No foam, in other than trace amounts, in the receiving water.	No foam, in othe				Requirement	May - July
Visual	1 Am onth			No floating solids in the receiving water.	No floating solid				Permit	
				No Discharge					Measurement	FOAM, FLOATING SOLIDS
									Sample	(012) Boiler Blowdown
	1 /discharge			No foam, in other than trace amounts, in the receiving water.	No foam, in othe	bbl/day		Report	Requirement	May - July
E stim ate	1 /m onth			No free oil or floating solids in the receiving water.	No free oil or flo	Average			Permit	
				No Discharge		Monthly		Discharge	Measurement	FLOW RATE
	. 0 10 70							No	Sample	[011] Bilge Water
Visual Daylight	1/discharge			No foam, in other than trace amounts, in the receiving water.	No foam, in other	bbl/day		Report	Requirement	May - July
Estimate /	1 /m onth			No free ail or floating solids in the receiving water.	No free ail or fla	Average			Permit	FREE OIL, FOAM, FLOATING SOLIDS
				No Discharge		Monthly		Discharge	Measurement	Water - FLOW RATE
								No	Sample	(010) Ballast/Storage Displacement
Rec. Water	1/discharge			No foam, in other than trace amounts, in the receiving water.	No foam, in other				Requirement	May - July
Visual	1 /m onth			No floating solids in the receiving water.	No floating solid				Permit	SOLIDS
Hec. Water	1 /discharge	0	<u></u>	No foam, in other than trace amounts, in the receiving water.	No foam, in othe				Measurement	FOAM, FLOATING
Visual	1 /m onth	,		No floating solids in the receiving water.	No floating solid				Sample	(007) Desalination Unit
Hec. Water	1 /discharge			No foam, in other than trace amounts, in the receiving water.	No foam, in other				Requirement	May - July
Visual	1 /m onth			No free oil or floating solids in the receiving water.	No free oil or flo				Permit	SOLIDS
				No Discharge					Measurement	FREE OIL, FOAM, FLOATING
									Sample	(006) Blowout Preventer Fluids
		Units) Average Maximum	Minimum	Units	Maximum	Average		
Туре	Analysis	EX S		Quality or Concentration		ading	Quantity or Loading			PARAMETER
Comple	ore completing this	NUTE; Head instructions before completing this form.	NOIE							

^{*} See Attachment 2 for Chemical Inventory, if discharged and chemically treated.

File:DMR006.XLS

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

CAG280000 PERMIT NO.

015, 016, 017, 018, 020, 021 DISCHARGE NO.

MONITORING PERIOD
'R MO DAY YR MO
From: 14 05 01 To: MO DAY To: 14 07 31

Approved Form OMB No. 2000-0015

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled with produced water) Muds, Cuttings, Cement at Sea Hydrotest Water

					ents here.)	erence all attachmo	JY VIOLATION (Re	COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)
		Code Number			WEEN 6 MONTHS AND 5 YEARS	UP TO \$10,000 AND OR MAXMUM EMPRISONMENT OF BETWEEN 8 MONTHS AND 5 YEARS	UP TO \$10,000	TYPED OR PRINTED
MONTHIDAYIYEAR	8	Area	Signature of PRINCIPAL EXECUTIVE		PENALTIES UNDER THESE STA	VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES	NOLYTONS:	
				ENT FOR KNOWING	BILITY OF FINE AND IMPRISONM	SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING	SUBMITTING	
				PENALTIES FOR	THAT THERE ARE SIGNIFICANT	BELIEF, TRUE, ACCUPATE, AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTRES FOR	BELEF, TRUE	
22 2014	08	(805) 934-8220	Jan har	SPONSIBLE FOR	THOSE PERSONS DIRECTLY RE	PERSON ON PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND		Manager, Environmental, Health and Safety
			250	HAT QUALFIED D ON MY INQUIRY OF THE	STEM DESIGNED TO ASSURE TO	DRECTION ON SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CHALPED. PERSCHNEL PROPERLY CATHER AND EVALUATE THE RECONLATION SUBJUTED. BASED ON MY MOURY OF THE		David Rose
DATE		TELEPHONE		IE PREPARED UNDER MY	IT AND ALL ATTACHMENTS WER	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	I CERTIFY UNI	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
harge Rec. Water	1/discharge		N/A N/A		bbl/day	Report	Requirement Re	May - July
onth Visual	1/month		_		Average		Permit	
			Discharge Discharge	D	Monthly		Measurement	
			No No					(021) Hydrotest Water *
1/discharge Rec. Water	1/discl		No foam, in other than trace amounts, in the receiving water.	No foam, in other than trace		ort	Requirement Report	May - July
onth Visual	1/month		n the receiving water.	No free oil or floating solids in the receiving water.	Average		Permit	FLOATING SOLIDS
			No Discharge	No D	Monthly	arqe	Measurement Discharge	FLOW RATE /FREE OIL, FOAM
						0	Sample No	(021) Hydrotest Water *
harge Rec. Water	1/discharge		amounts, in the receiving water.	No foam, in other than trace amounts, in the receivi			Requirement	May - July
	1/month		n the receiving water.	No free oil or floating solids in the receiving water.			Permit	SOLIDS
		Γ	No Discharge	No D			Measurement	
							Sample	(020) Muds, Cuttings, Cement at Sea Floor
1/discharge Rec. Water	1/disc		No foam, in other than trace amounts, in the receiving water.	No foam, in other than trace			Requirement	May - July
I/month Visual	1/mc		n the receiving water.	No free oil or floating solids in the receiving water.		-	Permit	SOLIDS (commingled with produced water)
			refer to produced water requirements)	(refer to produc			Measurement	FREE OIL, FOAM, FLOATING
			N/A				Sample	[018] Laboratory Wastes
1/discharge Rec. Water	1/disc		No foam, in other than trace amounts, in the receiving water.	No foam, in other than trace			Requirement	May - July
/month Visual	1/mc		in the receiving water.	No free oil or floating solids in the receiving water.			Permit	SOLIDS*
			No Discharge	No D			Measurement	
							Sample	[017] Water Flooding Discharges
harge Rec. Water	1/discharge		amounts, in the receiving water.	No foam, in other than trace amounts, in the receivi			Requirement	May - July
1/month Visual	1/mc		iving water.	No floating solids in the receiving water.			Permit	
			No Discharge	No D			Measurement	
							Sample	(016) Uncontaminated Water
harge Rec. Water	1/discharge		No foam, in other than trace amounts, in the receiving water.	No foam, in other than trace			Requirement	May - July
1/month Visual	1/mc		iving water.	No floating solids in the receiving water			Permit	
			No Discharge	No D			Measurement	
	-						Sample	(015) Bulk Transfer Water Overflow
		Units	Average Maximum	Minimum /	Units	Average	1	
is Type	Analysis	E Z	Quality or Concentration	-	oading	Quantity or Loading		PARAMETER
eurig uns roini.	before compli	NOTE: Read instructions before completing this form.						

^{*} See Attachment 2 for Chemical Inventory, if discharged and chemically treated.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16) CAG280000 PERMIT NO. (17-19) 022 DISCHARGE NO.

Approved Form OMB No. 2000-0015

PLATFORM IRENE LOCATION: 34° 36' 26"N, 120° 43' 40" W

MONITORING PERIOD
R MO DAY YR MC
From: 14 05 01 To: MO DAY To: 14 07 31

H2S Gas Processing Waste Water

LOCATION: 34" 30 20 N, 120" 43 40 W	/4	_	110111	14 00 01	10.	14 01 01	-	The Carlo Coccooning		man order B	-
			Ouantity or I o	ading		Quality or Concentration	ncentration	NOTE: Read instru	NO be	ND TE: Read instructions before completing this form.	Sample Sample
PARAMETER		1	waaiiiiy or Loadiiig			addin't of or	a diament			Analysis	Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement	No Discharge		Monthly							
May - July	Permit Requirement	Report		Average bbl/day						1/discharge	Estimate
(022) H2S Gas Processing Waste Water	Sample										
	Measurement					No Discharge		_			
	Permit				No free oil or floating	No free oil or floating solids in the receiving water.	water.				Visual -
May - July	Requirement				No foam, in other than	No foam, in other than trace amounts, in the receiving t	receiving water.			1/discharge	Daylight
Surfactants, Detergents, Dispersants	Sample					Minimi			>		
	Measurement					Winimized			c		
	Permit										
	Requirement					Minimize					
	epenia posare										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		CERTIFY UNDER PENALTY OF	CERTISY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	AD ALL ATTACHMENTS WERE	PREPARED UNDER MY			TELEPHONE		DATE	
David Rose Manager, Environmental, Health and Safety		RECTION OR SUPERVISION I SERSONNEL PROPERLY GAT SERSON OR PERSONS WHO NATHERING THE INFORMATION EUEF, TRUE, ACCUPATE, AN	DRECTION ON SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT CALLIFED PERSONNEL PROPERTY CATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY ROUTHY OF THE PERSON ON PERSONS WITHOUTH AND THE SYSTEM ON THOSE PERSONS DRECTLY RESPONSIBLE FOR CATHERNO THE REFORMATION, THE REFORMATION SUBMITTED IS, TO THE BEST OF MY MADINALED AND BELLET, THEE ACCURATE, AND COMPACTE IN AN AWARE THAT THERE ARE SOMEDANT PERMITTED FOR	M DESIGNED TO ASSURE THA MATON SUBMITTED. BASED SE PERSONS DIRECTLY RES SE DIS. TO THE BEST OF MY KI T THERE ARE SIGNEPIOANT P	AT QUALIFIED ON MY INCUIRY OF THE PONSIBLE FOR YOWLEDGE AND TOMALEDGE AND	Dant R	Re	(805) 934-8220	220	08 22	2014
TYPED OR PRINTED TYPED OR PRI	NY VIOLATION	NOLATIONS SEE 18 U.S.C. & P TO \$10,000 AND OR MAXMAI N (Reference	SIBLATING PALSE RECONATION ROLIDONS THE POSSBULTY OF FIRE AND APPRIORISETY TO RIGHT TO READ AND AND AND AND AND AND AND AND AND A	IN S HOPE.)		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number	4	MONTHDAY/YEAR	YYEAR
	400	4 (I voicioi io	all attacillina	to ricie.)							

File:DMR006.XLS

Attachment 2 Chemical Inventory

ATTACHMENT 2 PLATFORM IRENE MISCELLANEOUS DISCHARGES CHEMICAL INVENTORY May 1, 2014 through July 31, 2014

Volume (Monthly avg bbls per day)	Product Name	Estimated Chemical Quantity 1 (Monthly avg gal per day)	Average End-of-Pipe Concentration (mg/l)
150 150 150	Chlorine	0.003 0.003 0.003	0.5 0.4 0.5
6,749 7,602	Chlorine	0.142 0.128	0.5 0.4 0.5
No Discharge	N/A	· None	None
No Discharge	N/A	. None	None None
	(Monthly avg bbls per day) 150 150 150 6,749 7,602 6,907 No Discharge	Volume	Product Name Quantity (Monthly avg bbls per day) (Monthly avg gal per day) (Monthly avg gal per day)

¹ End-of-pipe concentration and chemical quantity calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). This method is not an official EPA test method, but using this data better represents the chemical inventory values from month to month since the official EPA test method is required only quarterly.

N / A: No treatment chemicals used / no discharge.

² Non-contact cooling water and Fire control system water discharges are combined (refer to cover letter).

Attachment 3

Non-Contact Cooling Water / Fire Water Chlorine Results

ATTACHMENT 3 PLATFORM IRENE QUARTERLY NON-CONTACT COOLING / FIRE WATER CHLORINE RESULTS May 1, 2014 through July 31, 2014

<u>Discharge</u>	Measurement <u>Frequency</u>	Average Monthly Limit ₁ Post Dilution			End-of-Pipe Concentration (EPA Method 330.5)	EPA Plumes <u>Dilution</u>
Sample Date: 07/08/14		(mg/l)	(mg/i)	(mg/l)	(mg/l)	•
008/009 Non-contact Cooling Water and Fire Control System Water combined	Once/Quarter	0.00526	0.013	< 0.0004	< 0.05	122:1

Non-contact cooling water and fire water discharges are combined (refer to cover letter).

IreneDMRMay-Jul14

¹ Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

Attachment 4

Laboratory Reports

Laboratory Quality Control Reports



July 21, 2014

Attn: David Rose

Quarterly NPDES chlorine residual result on the fire water / non-contact cooling water discharge was as follows:

Sample Date / Time

Location

Total Chlorine Residual

(EPA Method 330.5)

Platform Irene

End of Pipe

July 8, 2014 @ 1000 hrs

Firewater / Non contact cooling water

< 0.05 mg/l

combined

LTS Meter S/N: 12040E195572

Technician: Cole Jenkins

Method Blank < 0.05 mg/l

S.G. Lawry

Environmental Specialist / LTS



August 13, 2013

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date August 12, 2013	Total Residual Chlorine (EPA Method 330.5)
LTS meter (SN 041200088375) LTS meter (SN 12040E195572)	2.78 mg/l 2.74 mg/l
RT Corporation test sample:	
Certified Value	2.35 mg/l (+/0508)
Standard Deviation	0.208 mg/l
Acceptance Limits	1.73 - 2.98 mg/l
LTS Lead Technician: Mike Apple	Method Blank < 0.05 mg/l

S.G. Lawry

Environmental Specialist

President, LTS